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ABSTRACT

A consortium was organized in 1977 to assist 16 school districts, covering 5,100 square miles and including 19,000 students in a largely rural part of Oregon, to comply with Public Law 94-142 which requires provision for appropriate public education for the estimated 12% of the school population who are handicapped. Problems making it difficult for small districts to provide services were typical of other rural areas and included: (1) large areas comprising small districts: (2) undeveloped special education services: (3) unserved and unidentified handicapped children: (4) lack of qualified staff: and (5) uneven distribution of federal funds. Out of this dilemma evolved support for pooling federal funds under an Education Service District plan. In order to provide special education and related services, 10 steps which a local district must follow to comply with federal and state regulations were identified (screening: referral, prior notice, and parental consent for evaluation: evaluation: multidisciplinary staffing: noneligibility reporting: parent notification of Inservice Education Program (IEP) meeting: IEP meeting: parent notification of IEP review meeting: reevaluation: and prior notice for change in special education placement), and persons responsible for each step were delineated. Background information on development of the model and the consortium program are included. (AW)

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# P.L. 94-142 and Rural Area Schools: A Case for Consortium

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## P.L. 94-142 AND RURAL AREA SCHOOLS: A CASE FOR CONSORTIUM

The advent of the mandated implementation of 94-142 in October, 1977, required that, for the first time, a national emphasis be placed on the education of a segment of the school population heretofore neglected in terms of any specific and consistent nation-wide policy for addressing its needs. P.L. 94-142, commonly dubbed a "civil rights bill for the handicapped," mandated that the nation's schools gear up at once to provide a free, appropriate, public education for the estimated 12% of the school population suffering one or more of the nine handicapping conditions defined in the law.

**Federal mandate: special education**

To accomplish this colossal undertaking, federal funds were appropriated to assist school districts in meeting the prescriptive requirements of the act. At this point, basically, is where our own particular problems began.

**Funding sources**

Our Service District, which covers a basically rural county, containing some 5100 square miles, is broken down into sixteen school districts ranging from a one-room school located 16 miles off a secondary road to a city-district containing one third of the service area students and located in the county seat. The entire county's school population of only 19,000 will give some idea of the vast distances which separate local school agencies. Consider, for example, that the county served by our regional service district is

**Rural service area**

approximately 4 1/2 times larger than the entire state of Rhode Island, population 1 million; 2 1/2 times larger than the state of Delaware, population 3/4 million; and slightly larger than the state of Connecticut, population 3.2 million. Such a land area and a total population of only 73,000 is another indication of the sparsity of the school population that require our services.

**Federal funding limitations**

Inasmuch as the flow-through federal monies were allocated only to districts generating $7,500 dollars or more in 94-142 funds, rurally oriented local school districts such as those in our county found themselves unable to mount programs which would serve the small number of students identified, at that time, as handicapped. Some districts, for example could qualify for as little as $200 — hardly enough to meet the stringent requirements of the law. Nonetheless, the required services were recognized as being mandatory.

**Services available in 1977**

Special education services existent at the outset of 1977 were primarily limited to those provided by our Service District: a secondary program for educable mentally handicapped students; a program for school-aged multiple handicapped children; an itinerant speech therapy program. Also, several of the larger districts had developed elementary programs for educable mentally handicapped students and these services were made available to the smaller districts on a per pupil contract basis. Services for the learning disabled youngster at that time were minimal. Additionally, it soon became apparent that few local school personnel, despite

**Lack of expertise**

their dedication and commitment to children, were inherently qualified to make the identification, analysis and placement decisions required under the law.

**Problems delineated**

Briefly then, the problems encountered in our service district were identical to those found in the many rural areas of our country:

1. Large areas comprising small districts
2. Undeveloped special education services
3. Unserved and unidentified handicapped children
4. Lack of staff qualified to address the mandates of the new law
5. An uneven distribution of federal funding that made it impossible for small districts to utilize federal funds to provide the specified services to the handicapped.

**ESD sponsorship**

Out of this dilemma evolved an ESD (Education Service District) sponsored plan which recognized the interdependence of the LEA's and which could, by mutual cooperation and pooling of 94-142 funds, do much to satisfy the particulars and intent of the law.

**Psychoeducational testing**

The project's basic concept was to meet the number one priority of the federal law and the local districts within our service area. After discussing this with the school district superintendents, it was determined that psychoeducational testing was needed to identify those handicapped children not receiving services.

**Consortium application**

All of the districts were very supportive in this venture. As a result of these deliberations with LEA superintendents, it was determined that a grant application for P.L. 94-142 funds be made as a Consortium to satisfy the aforementioned objective of psychoeducational assessment.

With the approval of that grant, which by the way did not occur until mid-October, an educational resource consultant and a school psychologist were funded. One of our first awakenings was that school psychologists were very hard to find, especially in November. Therefore, we began our program with one consultant, whom you will hear from in a few minutes.

Since that time more staff has been added, more students have been evaluated, more students have been placed, more needs have been met and we are still attempting to meet the current needs expressed by the districts.

Without further ado, I am pleased to introduce Mrs. Patti Woodburn, our Project Coordinator, who will describe the structure and operation of our 94-142 Consortium.

**Program description**

This information will be presented in a chronological manner, not because we are interested in defining the lengthy process involved in bringing our current evaluative program to its present state. Rather it is done in that fashion because each step in the growth and refinement process contains, we believe, some extremely important considerations for any

**Replication of the model**

area education district desiring to replicate this model. Assuming that we are talking about situations involving a rural setting with large geographic masses and relatively few and sparsely placed people, we hope that you are able to identify and consider those aspects of our model which may have applicability to your circumstance.

**Program initiation**

We believe that our early model contained some faults that would probably occur in the initiation of any program containing geographic components such as we have described. On the other hand, our experiences would doubtless never be duplicated in 1980 because of the sophistication and awareness of administrators, special education directors and others responsible for the education of handicapped children. I will elaborate on those points which I think are of importance in terms of replication.

**1977-1978**

In November, 1977, we informed local districts of the availability of psychoeducational evaluations for students suspected of being handicapped, and provided appropriate forms and a simple procedure to utilize in obtaining those services. Not knowing what type of demand for services we would receive, the decision was made to provide evaluations on a first-come first-serve basis. At that time, I was to provide complete diagnostic-educational evaluations, and we contracted, on a limited basis, the services of several people qualified to do intelligence and other psychological testing. By the spring of 1978 the demand for services was overwhelming and it was apparent that additional staff would be

**Contracted services**

needed for the following year. Due to difficulties that we encountered trying to coordinate the efforts of those individuals providing psychological evaluations, we felt it was essential to hire a school psychologist who would be available on a full-time basis. It was also recognized that local district needs were not being met simply by identifying handicapped students, as the administrators and teachers needed additional help in placing students in programs and developing appropriate IEP's. In looking back, we realize that many administrators and teachers, in 1977, did not understand what we were doing and why. For example, one primary teacher referred 3/4 of her class for evaluations. This quickly brought us to the realization that inservice was a necessary component to the efficient operation of our program.

**Need for consultation**

**Need for inservice**

**1978-1979**

With carryover funds and the increase in 94-142 flow-through monies, our resources for the 78-79 school year more than doubled. We were able to employ a school psychologist, as well as an additional educational resource consultant. Also, in January, 1979, we hired a full-time secretary to type the psychoeducational evaluation reports and process the volumes of paper, pertaining to the referrals, that we received from the local districts. The services we provided during that school year were essentially the same as those available the previous year. Approximately one hundred referrals were pending in September, 1978 and we received an additional 387 referrals by May of 1979. Needless to say, we felt overwhelmed and quickly came to the realization that

our method of dealing with the referrals on a first-come, first-serve basis was terribly inadequate. On the other hand, we appreciated the interest demonstrated and felt some satisfaction in watching the special education programs, around the county, grow in size and quality. In looking back, our big accomplishment that year was the development of the model which we currently use in report writing. For every student evaluated, we provided the referring district a comprehensive written report which contained the evaluation findings and interpretation of the results, individual test scores, recommendations for placement and instructional programming, and suggestions for both parents and teachers which addressed dealing with the student on a daily basis. That vear we also emphasized communicating with parents and attempted to participate in a parent-teacher conference for each student contact.

**Growth in programs**

**Psychoeducational evaluation reports**

In the spring of 1979 we took a serious look at our program with the idea that some procedural changes were needed if we were going to meet the growing needs of the local districts. We recognized the necessity of standardizing the numerous forms in use around the county. Most of the larger districts were able to deal with the federal and state regulations requiring the documentation of all steps involved in providing special education and related services. The majority of the districts, however, were not equipped to develop these forms on their own. One superintendent suggested that we develop a Procedure Manual, identifying areas

**Procedural changes**

**Standardization of forms**

**Need for Manual**

of responsibility and containing all the necessary forms. It was agreed that this would be available before the start of school in the fall and that all Consortium member districts would adopt the Procedure Manual and utilize the forms provided.

I need to mention here that we felt this was a big accomplishment in terms of increased sophistication relating to special education in our area service district. However, we cannot take full credit for developing this interest in building programs that meet the letter of the law. Rather a series of events that occurred in May, 1979, was probably responsible for the attitudinal change from moderate interest to one of active involvement. At that time, all local districts in our service area were visited by a 94-142 federal monitoring team, who carefully examined how the local education agency was complying with federal regulations. When all the reports were received and examined, one shortcoming was noted in response to most visits. That is, local districts needed to be more accountable for their actions in providing special education and related services, demonstrating that all handicapped children and their parents were afforded the rights guaranteed them under P.L. 94-142.

**Federal monitoring**

The development of the Procedure Manual was a tremendous undertaking, not only in terms of staff time, but most importantly in terms of accepting the responsibility to produce a procedure and all necessary forms which would comply with federal and state regulations. We took several

weeks to examine all available materials. With these resources we did not have much difficulty outlining a simple procedure and getting the appropriate forms together. Our problem was one of identifying how in that procedure our evaluation services would be provided. The first-come first-serve method had not worked for several reasons:

**Coordination of services**

**Allocation of services**

1. Many districts did not receive their "fair" share of services based upon their monetary contribution of flow-through funds.

**Priority needs**

2. Each referral was of primary importance to the referring agent. However, given 20 referrals from one local district, we were unable to identify, by looking at the paperwork, which student should be considered top priority for an evaluation.

**Communicating with teachers and parents**

3. Parent-teacher conferences were extremely difficult to schedule and we wasted valuable time traveling to and from districts to spend forty-five minutes at one or two conferences.

**Scheduling difficulties**

4. Probably the biggest headache of all was the time and money we spent making local and long distance calls to schedule evaluations. We tried in every way to plan a schedule, week-by-week, that would keep our travel to a minimum, but found this nearly impossible.

**1979-1980**

Again, carry-over funds and increased flow-through monies for the 79-80 school year made it possible to add another staff member. We agreed, with the Consortium

Users, to employ an additional school psychologist. This enabled us to plan a program consisting of two teams serving 15 local districts. Each team was composed of a school psychologist and an educational resource consultant. The local districts were divided into two groups, based on relative size and geographic location, with one team traveling north and the other team serving the southern portion of our service district. Then, in an attempt to provide services on a more equitable basis, we divided our available time, for the entire school year, among the 15 local districts. Each district was allocated one, two, or three visits each month by the team, depending on the district's size and monetary contribution to the Consortium budget. In determining how much time we had available to schedule out in the field, we decided that we needed to spend an equal amount of time in the office to write and proof reports, consult with other team members, answer phone calls, attend staff meetings and see to other responsibilities of the job. So, we devised a schedule for the 79-80 school year, with each team spending approximately ten days a month out in the field and the other ten days in the office. The local districts appreciated being able to plan in advance and we found the traveling arrangements less taxing.

**Evaluation team**

**Distribution of services**

**Annual schedule**

The final component of our new service delivery system was probably the single most effective refinement in making our model workable. We asked each Consortium District Superintendent to identify a district representative who

**Local district involvement**

would be responsible for coordinating our services in his or her local district. Several larger districts had special education directors who assumed the responsibilities of the district representative. In smaller districts either a superintendent, principal, counselor, or teacher was identified as the contact person. We then asked the district representative to plan in advance the daily schedule for a visit by the Consortium team. The district representative conferred with the staff and set the priorities for testing, scheduled multidisciplinary staffings and handled all paperwork related to this process. We no longer had to spend hours on the phone trying to coordinate services for 15 districts. Instead, each district representative, prior to a visit by the Consortium team, would send our program secretary a schedule and all necessary papers, enabling us to arrive completely prepared with a minimum amount of effort on our part.

**Local district responsibility**

**Approval of Procedure Manual**

In late August, 1979, the new procedure and the Procedure Manual was presented at a Consortium Users' Meeting and wholeheartedly approved. We visited each local district and assisted the district representative in making an inservice presentation to the teaching staff focusing on how the Consortium team and teachers would work cooperatively to identify handicapped children. Services were provided that year with a minimum of confusion. We received close to 700 referrals during the 79-80 school year and worked with approximately 60 students each month. This was a noticeable increase over the 29 students per month that we evaluated

**Services provided**

during the 78-79 school year. For each student referred to the Consortium for services, we would conduct a psychoeducational evaluation, provide a comprehensive written report, participate in a multidisciplinary staffing and, if requested, assist the parent and special education teacher in developing goals and objectives for the child's I.E.P. We occasionally observed students in classrooms and assisted teachers in developing management programs to modify a student's inappropriate behavior. We found it much easier to get to know the teachers because we worked together on a regular basis. They anticipated our visits to their schools and shared concerns and discussed problems they were having with individual children. We were able to make more contacts with parents and through combined efforts special education programs within the area service district became more comprehensive.

**Need for inservice**

I do, however, have to be honest in discussing last year's services and relate what was not accomplished. First of all, we had made a commitment to the Consortium Users to provide inservice programs for regular and special educators. While we responded to all expressed needs, the actual number of request for services in this area was quite small. We feel that it is our responsibility to take a more active role in coordinating these services. We recognize that much information can be shared with large numbers of people in a short period of time. Our experience has been that teachers around our area service district e[illegible]nce similar needs and

that by addressing these general needs more of our time is available for focusing on specific problems.

**Need for timely reports**

Our second area of concern was the turnaround time it took to provide the referring district with a psychoeducational evaluation report on a given student. We had been requested by the Consortium Users to strive for a ten working day turnaround. In most instances, the reports were not that timely, with the turnaround time averaging 6-8 weeks. The problem was not a clerical one, rather the professionals generating the reports were not spending enough time in the office to complete the required paperwork. In retrospect, it was obvious that both teams had used scheduled office time to deal with "emergencies" in the local districts. However, neither the local district personnel, nor the Consortium teams could define what constituted an emergency and as a result the report writing suffered.

**1980-81**

An increase in P.L. 94-142 flow through funds to $187 per I.E.P. coupled with an increase in the handicapped child census figures in our service district enabled us to plan for an additional staff member for the 80-81 school year. Unfortunately, there were not sufficient funds to add an entire team resulting in a slight modification of our model for this school year. After consulting with the Consortium Users in May, 1980, a change was also planned for the method used to determine distribution of services. As you recall, I mentioned previously that we had divided districts into three categories and each district, as a result, received one, two, or three

**Modification in model**

**New service distribution method**

visits from the team each month. After much discussion the Users chose to base the distribution of services strictly on the monetary contribution. In other words, each district's share of service depended on the amount of its 94-142 flow-through funds. Although several of the smallest districts did not gain anything under this new plan, all districts served by the Consortium are receiving, for the 80-81 school year, at least minimal services, with some time available if a true emergency arises. The new method of distributing available service would have less of an impact on the inservice component as all professionals from member districts would be invited to open inservice programs. Also, teachers from the smaller schools could easily participate in inservice training programs or workshops held in neighboring districts.

**Change in program administration**

With the addition of another professional to the staff, several changes were made in the overall administration of the program. For three years, since the inception of the program, the Director of Special Education, Bill Young, had supervised the staff and I had assisted with the general day-to-day coordination of the program. In order to allow for more efficient operation of the program, I assumed the new role of Program Coordinator and Supervisor in addition to serving as an Educational Resource Consultant. Approximately one-third of my time is spent as coordinator/supervisor and the remaining two-thirds time I am acting as a consultant. I supervise three school psychologists and one educational resource consultant. The five of us will spend a

combined total of 415 days out in the schools during the 1980-81 school year, conducting psychoeducational evaluations, participating in multidisciplinary staffings, consulting with individual teachers, and providing inservice training programs on a variety of subjects relating to 94-142 and its implementation.

**Procedure for providing special education and related services**

With that historical background I'd like to continue this presentation with an in-depth look at the procedure utilized in our area service district for providing special education and related services. At the same time, I will attempt to give you some insight as to how the Consortium team, the school psychologist and educational resource consultant, functions in cooperation with the local district staff, when in that district on a regularly scheduled service day.

In outlining the procedure for providing special education and related services, our goal was twofold: first, to identify those steps that a district must follow to be in compliance with federal and state regulations, and secondly to clearly delineate who was responsible for each step in the procedure. Ten steps in all have been identified:

**Screening**

Step 1: The local district is responsible for all screening, whether formal or informal. An informal screening checklist is provided in the Procedure Manual. If desired, the Consortium staff could assist the local district in developing a formal screening procedure.

**Referral and Prior Notice and Parental Consent for Evaluation**

Step 2: The local district is responsible for making the referral, informing the parent of the action and their rights, and obtaining parental consent to conduct the evaluation. Several forms are provided in the manual to assist the district in this step of the process. A simple, one-page referral form is completed by the teacher, counselor or administrator. This form contains demographic information as well as the nature of the child's problems, possible causes or related factors, special services currently being provided, and specific questions the individual making the referral wants to see answered during the process of evaluation. A parental consent form is completed and signed by the parents and at this time the parents are given a copy of their rights regarding the identification, placement and provision of special education services. Also, a case history form consisting of 3 pages of educationally relevant family, medical and developmental information is provided. This is completed by the parent at the time the referral is initiated. Copies of these four forms: the screening checklist, referral form, parental consent for evaluation form, and case history form are forwarded to the Consortium program secretary. She establishes a file in preparation for a visit to the local district.

**Evaluation**

Step 3: When scheduled to evaluate a student in a local district, the Consortium team prepares for the evaluation by reviewing all forms submitted for any special problems or uestions. Upon arriving in the local district, the psychologist and consultant review the student's cumulative file and if possible, talk to the person initiating the referral, before working with the student. Thc Educational Resource Consultant then spends approximately 2 hours with the student, giving a complete educational diagnostic batterv. The specific tests utilized would naturally depend cn the age of the student and the problems exhibited. For example, a sixth grade student suspected of being learning disabled, might be given the Woodcock Reading Mastery Tests, the Gilmore Oral Reading Test, the KeyMath Diagnostic Arithmetic Test, the Peabody Picture Vocabulary Test, the Developmental Test of Visual-Motor Integration, the Diagnostic Spelling Test, and selected subtests from the Detroit Tests of Learning Aptitude. The psychologist, working with that same student generally conducts a student interview and administers a WISC-R, and possibly the Draw-a-Person Test, and Bender Visual-Motor Gestalt Test. Generally, both testing sessions are not conducted in one day as most students do not perform at their best in such a long evaluation period. Also, as part of the

evaluation the student is observed in the classroom, if requested, by either the psychologist or consultant. This is a mandated component in the evaluation of students suspected of being learning disabled. The psychologist and consultant then prepare one written report which is forwarded to the district upon completion.

**Multidisciplinary Staffing**

Step 4: The responsiblity for scheduling the multidisciplinary staffing rests with the local district. The psychologist and consultant participate as requested, discussing their recommendations for placement with the group. The local district representative completes the staffing form, provided in the manual. As a general rule, parents are invited to and attend the staffing.

**Noneligibility Report**

Step 5: If the staffing team feels the student is not handicapped and, therefore, not eligible for services, the parents are notified in writing by the district.

**Parent Notification of IEP Meeting**

Step 6: If the team determines that a student is eligible for services, the local district notifies the parent in writing of the I.E.P. meeting.

**IEP Meeting**

Step 7: The local district is responsible for conducting the I.E.P. meeting. The psychologist and/or consultant, however, participate if requested. We often find that new special education teachers often request assistance, whereas, the more experienced teacher feels more comfortable developing appropriate goals

and objectives with the parent. Parental consent for placement in the program is obtained at the I.E.P. meeting.

**Parent Notification of IEP Review Meeting**

Step 8: The annual I.E.P. review meeting is the responsibility of the local district and the appropriate forms are provided in the manual. Again, the psychologist and/or consultant are available to provide assistance as requested.

**Reevaluation**

Step 9: The local district is responsible for making a referral for a three year reevaluation, going back to Step 2 and following through the original procedure. The school psychologist and educational resource consultant conduct the reevaluation.

**Prior Notice for Change in Special Education Placement**

Step 10: If a child requires a change in his or her special education placement, it is the responsibility of the local district to inform the parent of this action. Appropriate forms are provided in the manual.

**Local district responsibility**

As you can see, the responsibility for documenting the provision of special education and related services rests, primarily, with the local district personnel. They are responsible for all the paperwork, with the Consortium team providing the psychoeducational evaluation report to be shared with the parent and added to the child's confidential file. The only records kept in our Consortium file are copies of the referral papers and parental consent for evaluation, the test protocols and original copy of the report, and a copy of the staffing report completed by the multidisciplinary team. All of our

records are kept active for at least three years and often longer if we are involved with the student in some way. Inactive files are eventually microfilmed for permanent storage.

Our experiences in working with this ten-step procedure have been successful to date. The manual has already undergone one revision and we anticipate making minor changes every year as the federal and state laws are revised and clarified through court cases.

**1981-82**

We continue to strive to meet the needs of the local districts in our service area. Currently we are in the planning stage for the 81-82 school year and faced with the following:

**Lack of budget figures**

1. For the past three years we have not been informed of the exact budget figure until just prior to the beginning of the new fiscal year. This makes any kind of planning extremely difficult. Recruiting new staff cannot begin until June and much of the new program planning cannot be started until the close of school in June.

**Need for additional services**

2. Most local districts, although pleased with the services they are receiving, need additional services that cannot currently be provided with the present staff. It may be necessary, sometime in the future, for these districts to consider supplementing these services with privately contracted services to meet individual needs.

**Change in Consortium membership**

3. We are faced with the very real possibility that several of the larger districts may opt to discontinue their association with the Consortium, and attempt to provide these services locally. This certainly would have a severe impact on our Consortium budget for the 81-82 school year and would probably mean that we would lose one and possibly two staff members. We relate this situation to the special education scene. When a child is ready, we mainstream him in the regular program. If a local district is ready to go it on their own, we would not discourage them from doing so. However, because of the size of our current program there are many costs, that can be assumed in our budget with a relatively small impact, that might make a tremendous difference in the quality of services provided by the local district. Also, we have adopted the philosophy that one person cannot be all things to all people. Our present staff members work closely together, sharing areas of expertise where needed. We feel this is reflected in the quality of services we provide and would be difficult to attain with a more limited program.

**Consortium: efficient model in rural areas**

In conclusion, the model that has been presented is, we feel, one which deserves consideration when attempting to comply with the numerous federal and state mandates regarding the provision of special education and related services.

Organizing a Consortium allows for rurally oriented education agencies to address mutual concerns and then develop a quality program to meet these needs, making services available that could not possibly be afforded otherwise. This cooperation and support is certainly needed if we are going to help each handicapped child grow to his or her full potential.